



AF/1645  
**RECEIVED**  
TECH CENTER 1600/2900  
JUL 29 2003

**PIPER RUDNICK LLP**  
1200 NINETEENTH STREET, NW  
WASHINGTON, DC 20036-2412  
TELEPHONE: 202-861-3900  
FACSIMILE: 202-223-2085

DOCKET NO.: 9491-033-27

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

Re: Serial No.: 08/948,149  
Applicant(s): BRIAN M. FENDLY, ET AL.  
Filing Date: OCTOBER 9, 1997  
For: ANTI-ERBB2 ANTIBODIES  
Group Art Unit: 1645  
Examiner: SWARTZ, R.

SIR:

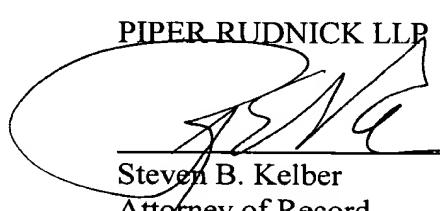
Attached hereto for filing are the following papers:

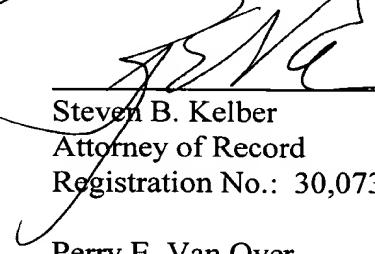
FEE TRANSMITTAL  
REQUEST FOR EXTENSION OF TIME (2 MONTHS)  
NOTICE OF APPEAL  
RESPONSE

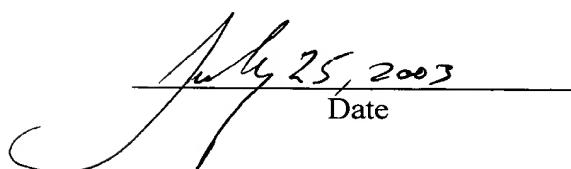
Our check in the amount of \$ -0- is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

**PIPER RUDNICK LLP**

  
Steven B. Kelber  
Attorney of Record  
Registration No.: 30,073

  
Perry E. Van Over  
Registration No.: 42,197

  
Date



RECEIVED  
JUL 29 2003  
TECH CENTER 1600/2600

## FEE TRANSMITTAL

<b>FEE TRANSMITTAL</b>								Docket No.	9491-033-27																																								
								Serial No.	08/948,149																																								
								Filing Date	OCTOBER 9, 1997																																								
								Inventor(s)	BRIAN M. FENDLY, ET AL.																																								
								Group Art Unit	1645																																								
<b>TOTAL AMOUNT OF PAYMENT</b>				\$730.00				Examiner	SWARTZ, R.																																								
1. <input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <u>UNDERPAYMENT</u> or credit any <u>OVERPAYMENT</u> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.  2. <input checked="" type="checkbox"/> Check enclosed.								<b>FEES CALCULATION (continued)</b>																																									
								<b>3. ADDITIONAL FEES</b>																																									
								Large Entity		Small Entity		Fee Description																																					
<b>FEES CALCULATION</b>								Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Paid																																				
<b>1. BASIC FILING FEE</b>								1051	130	2051	65	Surcharge-late filing fee or oath																																					
<b>Large Entity</b> <b>Small Entity</b> <b>Fee Description</b>								1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet																																					
<table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td colspan="2">Utility filing fee</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td colspan="2">Design filing fee</td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td colspan="2">Plant filing fee</td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td colspan="2">Reissue filing fee</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td colspan="2">Provisional filing fee</td></tr> </tbody> </table>								Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid		1001	750	2001	375	Utility filing fee		1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		1053	130	1053	130	Non-English specification	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid																																													
1001	750	2001	375	Utility filing fee																																													
1002	330	2002	165	Design filing fee																																													
1003	520	2003	260	Plant filing fee																																													
1004	750	2004	375	Reissue filing fee																																													
1005	160	2005	80	Provisional filing fee																																													
<table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td colspan="2">Utility filing fee</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td colspan="2">Design filing fee</td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td colspan="2">Plant filing fee</td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td colspan="2">Reissue filing fee</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td colspan="2">Provisional filing fee</td></tr> </tbody> </table>								Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid		1001	750	2001	375	Utility filing fee		1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		1812	2520	1812	2520	Ex parte reexam. fee	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid																																													
1001	750	2001	375	Utility filing fee																																													
1002	330	2002	165	Design filing fee																																													
1003	520	2003	260	Plant filing fee																																													
1004	750	2004	375	Reissue filing fee																																													
1005	160	2005	80	Provisional filing fee																																													
<b>SUBTOTAL (1)</b>								\$0.00	1401	320	2401	160	Notice of Appeal	320.00																																			
<b>2. EXTRA CLAIM FEES</b>								1402	320	2402	160	Appeal Brief																																					
tot. claims		-	20*	=	0	x	\$18	=	0	1403	280	2403	140	Request for Oral Hearing																																			
ind. claims		-	3*	=	0	x	\$84	=	0	1501	1300	2501	650	Utility/Reissue Issue Fee																																			
<input type="checkbox"/> <b>Multiple Dependent Claims</b>								\$280	=	1502	470	2502	235	Design Issue Fee																																			
<b>Large Entity</b> <b>Small Entity</b> <b>Fee Description</b>								1503	630	2503	315	Plant Issue Fee																																					
<table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td colspan="2">Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td colspan="2">Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td colspan="2">Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td colspan="2">*Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td colspan="2">*Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>								Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid		1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	*Reissue independent claims over original patent		1205	18	2205	9	*Reissue claims in excess of 20 and over original patent		1460	130	1460	130	Petitions to the Commissioner	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid																																													
1202	18	2202	9	Claims in excess of 20																																													
1201	84	2201	42	Independent claims in excess of 3																																													
1203	280	2203	140	Multiple dependent claim, if not paid																																													
1204	84	2204	42	*Reissue independent claims over original patent																																													
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent																																													
<table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td colspan="2">Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td colspan="2">Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td colspan="2">Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td colspan="2">*Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td colspan="2">*Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>								Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid		1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	*Reissue independent claims over original patent		1205	18	2205	9	*Reissue claims in excess of 20 and over original patent		1806	180	1806	180	IDS Submission	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid																																													
1202	18	2202	9	Claims in excess of 20																																													
1201	84	2201	42	Independent claims in excess of 3																																													
1203	280	2203	140	Multiple dependent claim, if not paid																																													
1204	84	2204	42	*Reissue independent claims over original patent																																													
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent																																													
<b>SUBTOTAL (2)</b>								\$0.00	8021	40	8021	40	Assignment																																				
<small>* or number previously paid, if greater; For Reissues, see above</small>								1801	750	2801	375	For Filing RCE																																					
<b>SUBTOTAL (3)</b>								1802	900	1802	900	Expedited Design																																					
<small>* or number previously paid, if greater; For Reissues, see above</small>								1803	900	1803	900	Other (indicate below):																																					
<b>SUBTOTAL (3)</b>								\$730.00																																									

Name	Steven B. Kelber	Registration No.	30,073
Signature		Date	JUL 25, 2003
Name	Perry E. Van Over	Telephone	202-861-3900